

## Johnson Controls, Inc.

3340 Hopkinsville Rd.  
Cadiz, KY 42211

February 9, 2009

Division of Water  
KPDES Branch  
14 Reilly Rd. Frankfort Office Park  
Frankfort, KY 40601



Cc: Division of Water  
Paducah Regional Office  
4500 Clarks River Rd.  
Paducah, KY 42003

**Re: Johnson controls, Inc – Cadiz, KY facility; KPDES permit number KY0097365.**

Dear Sir or Madam:

We are writing to inform you that our operation will close permanently on March 30, 2009. We understand our storm water permit, referenced above, technically has expired; but respectfully request the ability to continue operation under that permit until closure.

We have attached the new application and DMR, if we are unable to continue under the current permit. Please inform us as to the amount needed, to resubmit for the additional time we will be open.

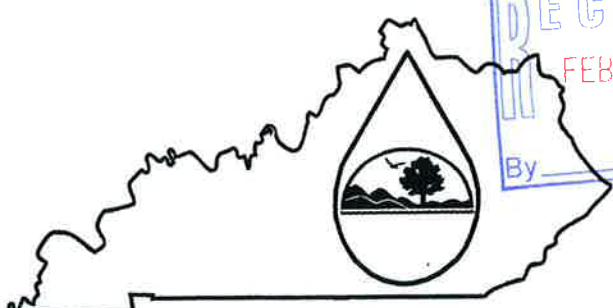
If you have any questions up to that date, you can contact Tammy Smith of my staff at 270.522-2685. After April, you should contact Mike Stoelton, Environmental Executive, in Michigan at 734.254.5657.

Sincerely,  
JOHNSON CONTROLS, INC.

Chris Eisenhart  
Plant Manager

# KPDES FORM 1

AI 4038



**KENTUCKY POLLUTANT DISCHARGE  
ELIMINATION SYSTEM**

**PERMIT APPLICATION**

RECEIVED  
FEB 11 2009  
By \_\_\_\_\_

This is an application to: (check one)

- ☐ Apply for a new permit.  
☐ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.  
 Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

- 0 -

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE
A. Name of business, municipality, company, etc. requesting permit	Johnson CONTROLS Inc.	
B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.	
Facility Location Name: Johnson CONTROLS	Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> CHRIS ELSNHART	
Facility Location Address (i.e. street, road, etc., not PO Box): 3340 HOPKINSVILLE ROAD	Mailing Address: 3340 HOPKINSVILLE Rd	
Facility Location City, State, Zip Code: CADIZ Ky, 42211	Mailing City, State, Zip Code: CADIZ, KY 42211	
	Facility Contact Telephone Number: 270-522-2648	

II. FACILITY DESCRIPTION	
A. Provide a brief description of activities, products, etc: WELDING AND STAMPING OF RAW SHEET STEEL FOR AUTOMOTIVE SEATING COMPOUNDS.	
B. Standard Industrial Classification (SIC) Code and Description	
Principal SIC Code & Description:	3499 FABRICATED METAL PRODUCTS
Other SIC Codes:	

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: TRIGG	City where facility is located (if applicable): CADIZ
C. Body of water receiving discharge: LITTLE RIVER	
D. Facility Site Latitude (degrees, minutes, seconds): 36-52-11	Facility Site Longitude (degrees, minutes, seconds): 87-46-40
E. Method used to obtain latitude & longitude (see instructions): INTERNET	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 006555943	

<b>IV. OWNER/OPERATOR INFORMATION</b>	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator:	Telephone Number:
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class:	Certification Number:

<b>V. EXISTING ENVIRONMENTAL PERMITS</b>		
Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY 0097365	Jan 01, 2004	Dec 31, 2008
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
2	2-23-1993	
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	
NA	NA	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	0-83-074	
Solid or Special Waste	NA	
Hazardous Waste - Registration or Permit	NA	

#### VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	
Microbac Laboratories	
DMR Official Telephone Number:	
502 - 962 - 6400	
B. DMR Mailing Address:	
<ul style="list-style-type: none"> <li>Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or</li> <li>Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.</li> </ul>	
DMR Mailing Name:	MICROBAC LABORATORIES
DMR Mailing Address:	3323 GILMORE INDUSTRIAL BLVD
DMR Mailing City, State, Zip Code:	LOUISVILLE, KY, 40213

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: <i>NON-PROCESS INDUSTRY</i>	Filing Fee Enclosed: <i>\$ 200.00</i>
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## VIII. CERTIFICATION

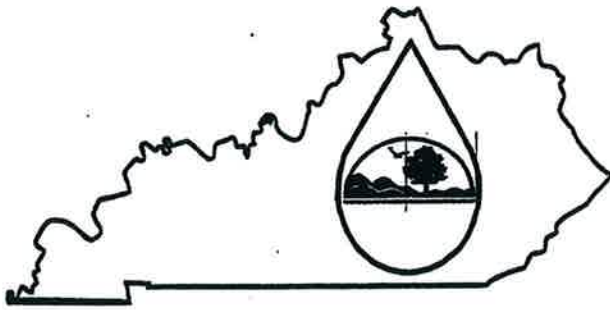
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> <i>Chris EISENHART</i>	TELEPHONE NUMBER (area code and number): <i>502 522 2640</i>
SIGNATURE <i>Chris Eisenhart</i>	DATE:



# KPDES FORM F

AI 4038



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, Contact KPDES Branch, (502) 564-3410.

<b>I. OUTFALL LOCATION</b>	<b>AGENCY USE</b>	0	0	9	7	3	6	5
----------------------------	-------------------	---	---	---	---	---	---	---

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
# 1	36°N	52'	21"	87°W	46'	43"	
# 2	36°N	52'	21"	87°W	46'	39"	
# 3	36°N	52'	15"	87°W	46'	35"	

### II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
NA					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

### III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

**IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
1	148,000 Sq ft.	565,000 Sq ft.			
2	12,500 Sq ft.	150,000 Sq ft.			
3	320,000 Sq ft.	448,000 Sq ft.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

See Attached Appendix A

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
NA		

**V. NON-STORM WATER DISCHARGES**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

See Attached Appendix E

**VI. SIGNIFICANT LEAKS OR SPILLS**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NA





## Storm Water Best Management Practices

### Appendix A

Proprietary and Confidential

CK-LOS-GL-15-13-E

Rev 03


Page 1 of 2

### STORM WATER CONTAMINATION POTENTIAL EVALUATION

Material	Location	Container Size	Spill Path Flow Rate
Wastewater	Outside West side of building	Three 3,000-gallon steel tanks	12,000-gallon containment, then to the West, then North. Flow rate varies.
Hydraulic Oil	Outside West side of building	One 2,000-gallon steel tank	2,370 -gallon containment, then to the West, then North. Flow rate varies.
Drummed Oily Rags	East side of building to the South in Chemical Storage Area	Varies	None. Chemical Storage Area has 3,900 gallons of secondary containment.
Ecodraw	North end of Building	250-gallon plastic totes	374-gallon secondary containment pallet, then interior of building, then North and East Flow rate varies.  None. Chemical Storage Area has 3,900 gallons of secondary containment.
WD-40	Inside Northwest side of building	55-gallon steel drums	66-gallon secondary containment pallet, then interior of building. Flow rate varies.
Scrap Metal Area	Inside Northeast corner of building	Two 480-gallon sumps	Flow to sump, which is pumped to wastewater tanks. Flow rate varies.
Die Wash Area	Inside North middle of building	One 500-gallon pit	North then East Flow rate varies. One-foot deep pit plumbed to wastewater tanks.
Transformer Oil	Outside West side of building	Five 300-gallon units	West then North These are not Johnson Controls' property and are considered a separate facility.
Transformer Oil	Outside North side of building	One 300-gallon unit	North Flow rate varies.
Kitchen Grease	Outside South side of building	One 150-gallon steel tank One 55-gallon steel drum	South Flow rate varies. A 180-gallon secondary containment then concrete wall.
Durakleen	East side of building to the South in Chemical Storage Area	Three 250-gallon plastic totes	None. Chemical Storage Area has 3,900 gallons of secondary containment.
Meropa	Outside West side of building	Three 250-gallon plastic totes	Flow rate varies. 374-gallon secondary containment. Then Northwest.
Oil absorption materials	Chemical Storage room		None. Chemical Storage Area has 3,900 gallons of secondary containment.

Material	Location	Container Size	Spill Path Flow Rate
Misc. Used Oil	Chemical storage room and the Interior Northwest side of building area.  Overhead pipeline along the northern and westward portion of the building.	55-gallon steel drums and 250-gallon plastic totes  Single walled steel pipe	Flow rate varies. Chemical Storage Area has 3,900 gallons of secondary containment.  Flow rate varies. A drum secondary containment spill pallet or 374 gallon secondary containment pallet then facility.  Flow rate from the pipe varies. Building should provide secondary containment until the flow is shut off.
Dies stored outdoors	Covered building on the North side of property and outside north of the facility building.	--	Contamination if not cleaned of oils and debris.
Shipping containers stored outdoors	West and North sides of the property.	--	Contamination if not cleaned of oils and debris.
Miscellaneous equipment stored outdoors	West and North sides of the property.	--	Contamination if not cleaned of oils and debris.
Waste falling from compactor pulls.	South side of building	--	Contamination if not kept inside compactor.



	<b>Storm Water Best Management Practices</b>			
	<b>Appendix F</b>			
	<b>Proprietary and Confidential</b>	<b>CK-LOS-GL-15-13-E</b>	<b>Rev 03</b>	<b>Page 1 of 1</b>

## Non Storm Water Certification

Behind this page in the hard copy(ies) of the plan is a copy of the non-storm water certification originally made and reviewed during site inspections.

## Professional Certification Statement

I have reviewed the SPCC plan prepared by Earth Tech for the Johnson Controls, Inc.- Cadiz Facility, in Cadiz, Kentucky, and being familiar with the SPCC provisions of 40 CFR, Part 112; attest that this has been prepared in accordance with good engineering practices, the facility has been inspected by myself or my agent, procedures for inspections and testing have been established, and that the plan is adequate for the facility.

Certain information was provided by Johnson Controls, Inc. It is understood that Johnson Controls, Inc. also certifies that the information provided is true and accurate. This certification does not relieve Johnson Controls, Inc. of its duty to prepare and fully implement this SPCC Plan in accordance with 40 CFR Part 112.

This approval is for Document Number: CK-LOS-GL-15-03-E, Revision Number: 07

SEAL:



Signature: Andrea Zolnai  
 Name: Andrea Zolnai  
 Earth Tech, Inc.  
 Registration No.: 6201053553  
 State: Michigan  
 Date: July 2, 2008

**VII. DISCHARGE INFORMATION**  
A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

Chromium, manganese,  
Nickel (F3), Iron (F2) all in Silt

**VIII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

**IX. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
MICROBAC LABORATORIES	3323 GILMORE INDUSTRIAL BLVD LOUISVILLE, KY, 40213	502 962 6400	TOTAL SUSPENDED SOLIDS OIL - GREASE BOD - COD TAN - TOTAL PHOSPHORUS NITRATE - NITRATE

**X. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)	AREA CODE AND PHONE NO.
SIGNATURE	DATE SIGNED



## OUTFALL NO: 003

OUTFALL NO: 003

OUTFALL NO: 003

OUTFALL NO: 003

OUTFALL NO: 003

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sedimentation					
1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

## OUTFALL NO:

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite		
Oil and Grease		N/A				
Biological Oxygen Demand BOD <sub>5</sub>						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

[illegible]



Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

[MSN Home](#)

[Hotmail](#)

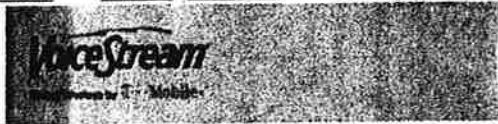
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Image Info**

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Image Size: Small Medium Large

Advanced Find  
Style: Relief Topo Image

## Locator



24 km W of Hopkinsville, Kentucky, United States 01 Jul 1978

Zoom 16m



0 2Km 0 1

Image courtesy of the US Geological Survey.

OrigMetaTag = 'f36087e1' Center Lon,Lat= -87.74480,36.84917 Running Time 46 ms Time 7/17/200:







NAME JOHNSON CONTROLS INC

ADDRESS C/O MICROBAC LAB

3023 GILMORE INDUSTRIAL BLVD  
LOUISVILLE KY 40213

FACILITY JOHNSON CONTROLS INC

LOCATION CADIZ KY 42211

ATTN: TERRY BIRDSONG, MGR EMPLOY REL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER  
KY0097365

DISCHARGE NUMBER  
0011

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
00 12 01 00 00 01

MINOR

(SUBR PA)

F - FINAL

STORMWATER RUNOFF

STORMWATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	***	***	***	***	***	***	0	1/31	
CO400 1 0 0	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
EFFLUENT GROSS VALUE	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
SOLIDS, TOTAL	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
SUSPENDED	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
CO530 1 0 0	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
EFFLUENT GROSS VALUE	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
OIL AND GREASE	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
CO562 1 0 0	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
EFFLUENT GROSS VALUE	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
CO050 1 0 0	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
EFFLUENT GROSS VALUE	***	***	***	***	***	***	0	1/31	ONCE/ MONTH
SAMPLE MEASUREMENT	***	***	***	***	***	***			
PERMIT REQUIREMENT	***	***	***	***	***	***			
SAMPLE MEASUREMENT	***	***	***	***	***	***			
PERMIT REQUIREMENT	***	***	***	***	***	***			
SAMPLE MEASUREMENT	***	***	***	***	***	***			
PERMIT REQUIREMENT	***	***	***	***	***	***			
SAMPLE MEASUREMENT	***	***	***	***	***	***			
PERMIT REQUIREMENT	***	***	***	***	***	***			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME JOHNSON CONTROLS INC  
ADDRESS C/O MICROBAC LAB  
3023 GILMORE INDUSTRIAL BLVD  
LOUISVILLE KY 40213  
FACILITY JOHNSON CONTROLS INC  
LOCATION CADIZ KY 42211  
ATTN: TERRY BIRDSONG, MGR EMPLOY REL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
KY0097365  
PERMIT NUMBER  
0021  
DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004

MINOR  
(SUBP PA)  
F - FINAL  
STORMWATER RUNOFF  
STORMWATER  
\*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
00 12 01 TO 00 12 01

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	***	***	***	***	***	***			
00400 1 0 0 EFFLUENT GROSS VALUE	***	***	***	***	***	***	0	1/31	UNCE/ MONTH
SOLIDS, TOTAL	***	***	***	***	***	***			
SUSPENDED	***	***	***	***	***	***			
00500 1 0 0 EFFLUENT GROSS VALUE	***	***	***	***	***	***	1	1/31	UNCE/ MONTH
OIL AND GREASE	***	***	***	***	***	***			
00502 1 0 0 EFFLUENT GROSS VALUE	***	***	***	***	***	***	0	1/31	UNCE/ MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	***	***	***	***	***	***			
50050 1 0 0 EFFLUENT GROSS VALUE	***	***	***	***	***	***	0	1/31	UNCE/ MONTH
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
TYPED OR PRINTED									
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.									
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		DATE			
570532.2648				570532.2648		09 01 20			
AREA CODE				NUMBER		YEAR		MO DAY	



**PURCHASE ORDER**

**NO: 20374480 REV 1**

Page: 1 of 1

<b>Order Date:</b> FEB/10/09  <b>Supplier No:</b> 352327 <b>Tel:</b> 2708211711 <b>Fax:</b> 2708215570  <b>Contact:</b> Mike Beaver  <b>Supplier Name:</b> Interstate Hydraulics 108 W Arch Street Madisonville KENTUCKY 42431 USA	<b>Invoice Mailing Address:</b> AE NA SSC - AP PO BOX 981700 EL PASO, TX 79998-1700 USA US +1 915-629-5770  <b>Delivery Address:</b> Sam Wise 270-522-2672 3340 Hopkinsville Rd. Cadiz Kentucky 42211 USA (734) 254-5000
<b>Payment Terms:</b> Net due 2nd day, 2nd month  <b>Incoterm:</b> Free Carrier Madisonville KY	<b>Purchasing Group:</b> N76-NA-Cadiz Mary P Darnall <b>TEL:</b> 270-522-2633 <b>FAX:</b> 270-522-3881 <b>EMAIL:</b> Mary.P.Darnall@jci.com

**Terms and Conditions:**  
 This purchase order is governed exclusively by Johnson Controls' Terms and Conditions of Purchase and any country supplement specified (both available at [https://portal.covisint.com/portal/public/\\_l:en/tp/jci](https://portal.covisint.com/portal/public/_l:en/tp/jci) and incorporated here by reference), except as modified therein. All other terms are rejected. Shipments must comply with supplier routing instructions found at [https://portal.covisint.com/portal/public/\\_l:en/tp/jci](https://portal.covisint.com/portal/public/_l:en/tp/jci) or a debit may be incurred for excessive shipping costs. Seller must comply with the Johnson Controls Supplier Standards Manual. The purchase order number must appear on all invoices, packing slips and bills of lading. A packing slip must accompany all shipments, showing the order and part number, quantity and supplier number.

**Header Text:**

Line	Effective Date	Plant	C/S	Due Date	Part Number	Quantity	UOM	Per Unit Price	Total
					Description				
001		0009		JAN/24/09	G902090	394.260	EA	1.00000	394.26
						Repair Services			

Convert JCI PO.00912663

002		0009		JAN/24/09	G902090	190.000	EA	1.00000	190.00
						Repair Services			

Convert JCI PO.00912663

				Line Total	USD	584.26
				Total Tax	USD	23.66
				Currency Total	USD	607.92
<div style="border-top: 1px solid black; width: 100%;"></div> Authorized Purchasing Signature						